Case: 1:17-md-02804-DAP Doc #: 4169-38 Filed: 11/22/21 1 of 2. PageID #: 557024

From: noreply-ain@cvshealth.com
To: Drug_Loss_Program
Sent: 1/23/2017 4:48:40 PM

Subject: OH 05941 DEA IN (DOL: 01.23.2017)

Name of Pharmacist Submitting form (Last Name, First Name): Cook Kenneth

Pharmacy Supervisor Name (Last Name, First Name): WINCHELL, AMY Loss Prevention Manager Name (Last Name, First Name): Lomanto, Colleen

Recipient Data: AIM ID: 15102

Time Finished: 2017-01-23 16:48:39

Response Summary:

Store Number 05941

Store DEA Number AR2980173

Store Street Address 1890 N RIDGE RD

Store City PAINESVILLE

Store State

OH

Store Zip Code

44077

Store Telephone Number

440-352-7051

Store Fax Number 4403527471

Select Business Unit

Retail

Name of Pharmacist Submitting form (Last Name, First Name) Cook Kenneth PLAINTIFFS TRIAL EXHIBIT
P-21938_00001

Case: 1:17-md-02804-DAP Doc #: 4169-38 Filed: 11/22/21 2 of 2. PageID #: 557025

Date of Confirmed Loss

01.23.2017

Type of Loss

Other - Suspected Dispensing Error

Provide Details of Theft or Loss

PERCOCET 5 GENERIC AND PERCOCET 10 GENERIC COUNTS WERE OFF. IT SEEMS THESE OCCURRED AS DISPENSING ERRORS WHERE PATIENTS GOT TOO MUCH. CURRENT COUNTS ARE CORRECT, THESE APPEAR SO FAR TO BE ONE TIME THINGS.

Controlled Substance(s) Involved at this time

NDC	Drug Name	Units Lost
42858010201	OXYCODONE-ACETAMINOPHEN 5-325	33
42858010401	OXYCODONE-ACETAMINOPHEN 10-325	60

Details of Conversation with BOP Agent NOT APPLICABLE

Pharmacy Supervisor Name (Last Name, First Name) WINCHELL, AMY

Pharmacy Supervisor Cellular Telephone 330-604-7005

Loss Prevention Manager Name (Last Name, First Name) Lomanto, Colleen

Loss Prevention Manager Cellular Telephone 216-218-2811

DEA Field Division Office Fax Number Cleveland Resident Office 2166641307

State Board of Pharmacy Fax Number BOP - OH 6147524836

Other State Specific Agency Fax Number